Beech Cliffe Limited

# Beech Cliffe

## Inspection report

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South Yorkshire
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30 November 2017

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12 January 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

At the last inspection in December 2015 the service was rated Good. At this unannounced inspection on the 30 November 2017 we found the service remained Good. The service met all relevant fundamental standards.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Beech Cliffe on our website at www.cqc.org.uk'

Beech Cliffe is a care home located on the outskirts of Rotherham across from Clifton Park. There are local facilities close by and good public transport links. The home caters for up to eight younger people over the age of 18 years old who have a learning disability. There were six people using the service at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe by robust risk assessments that identified any risks they faced and measures to keep them safe. Plans were developed to promote people's independence whilst ensuring their safety. Staff understood the importance of promoting people's independence and this was completed in line with people's care plans. Where incidents had occurred, staff took appropriate actions to prevent them from reoccurring. Checks were in place to reduce the risk of environmental hazards and plans had been drawn up to keep people safe in the event of an emergency.

Staff were trained to administer people's medicines and the registered provider followed best practice in the storage and management of people's prescribed medicines.

Robust recruitments procedures ensured the right staff were employed to meet people's needs safely.

People were served food in line with their preferences. Meals were tailored to people's choices and people were involved in shopping for food and preparing meals. Where people had specific healthcare needs, these were met. Staff supported people to attend healthcare appointments and worked alongside healthcare professionals where appropriate.

People's rights were protected in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities regarding this.

Staff treated people with kindness, respect and compassion. They were aware of people's communication methods and how they expressed themselves. Staff empowered people to make choices about their care.

Staff respected people's individual differences and supported them with any religious or cultural needs. Staff supported people to maintain relationships with families. People's privacy and dignity was respected and promoted.

People had the benefit of a culture and management style that was inclusive and caring. Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

People were asked for their views about the service, feedback received was acted upon. The registered manager, staff and senior management team undertook checks and audits of the service to ensure continual improvements. People had access to regular meetings to be involved in the running of the home and staff were also encouraged to contribute their ideas. Staff told us that they felt well supported by management.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Beech Cliffe

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This comprehensive inspection took place on 30 November 2017 and was unannounced. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of our inspection there were six people using the service. We observed staff providing support to people in communal areas of the premises and interactions between people that used the service and staff. We looked around the premises, communal areas and some people's bedrooms with their consent. We spoke with three people who used the service and contacted two relatives after our inspection by phone for their views and feedback.

We spoke with the registered manager, head of care, a senior care worker and two care workers.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

Good

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe. One person said, "I like it here." Another said, "I am safe."

Relatives we spoke with told us people were safe. One said, "I know if [my relative] is not safe, they are always happy if they were not safe they would not be happy."

There was safeguarding information on display in the service. The provider had safeguarding policies and procedures in place to guide practice for staff. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. All the staff we spoke with were very knowledgeable on the procedures and were able to explain what hey would do if they suspected abuse. Staff were also aware of the whistle blowing procedures and who to contact if they suspected any abuse or concerns to ensure these were raised with the appropriate professionals and action taken.

We found risk assessments were in place in people's care files. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe. People were kept safe in the event of an emergency. The provider had equipment and systems in place to respond in the event of a fire and staff had attended fire safety training. There was a risk assessment in place and fire safety equipment was regularly checked. There was a plan in place to ensure that people's care could continue in the event of an emergency. People had personal emergency evacuation plans (PEEPs) in place. These were individual plans based on people's needs that informed staff of how to safely evacuate them in an emergency.

From our observations, speaking with people who used the service and staff if was evident staff understood people's individual needs and knew how to keep people safe. We saw people were encouraged to be as independent as possible with support from staff to ensure their safety. The accident and incident policies and records we saw ensured people were protected and action was taken to identify any themes or triggers to manage and prevent accidents or incidents re-occurring.

There was enough staff present to safely meet people's needs. The provider calculated staff numbers based upon people's needs as well as activities that people took part in each day. Rotas showed that the provider maintained the numbers of staff that they had calculated was needed. During the inspection we observed that staff were available to people at all times. Where people required one to one support, this was maintained. Staffing numbers enabled people to go out of the home with staff throughout the day.

Relatives we spoke with told us there was adequate staff to meet people's needs and the care provided was excellent. However, some relative's raised the issue of lack of consistency in staff providing support, saying that at times this had an impact on people.

There was a robust recruitment and selection process in place, which included a structured induction to the home. All essential pre-employment checks required had been received. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to

help employers make safer recruitment decisions.

We looked at the systems in place for managing medicines in the service. We found medicines were stored safely. We saw records were kept for medicines received, administered and any medication that had been disposed of. We found people were receiving medication as prescribed. However, we identified some improvements in documentation were required. For example, we found that more information could be included in the protocols for medication that was prescribed to be given as and when required (PRN) to ensure staff were aware of when to administer the medication. Staff also did not record when PRN medication was given if it was effective.

The medication room temperature was monitored. However, this was checked once a day and did not evidence the temperature over a 24 hour period. The use of a maximum/minimum thermometer would ensure the temperature was monitored throughout the day to ensure the recommended temperatures were achieved.

The registered manager agreed to ensure the issues we found were addressed at a team meeting to ensure records were maintained accurately.

The Home was clean and hygienic. People's bedrooms were personalised and reflected people's personalities, preferences and choices.

Good

# Is the service effective?

## Our findings

People we spoke with told us the staff were very good. One person said, "The staff look after me."

Relatives we spoke with also confirmed that care and support was effective and met people's needs. One relative said, "I can't fault the care provided."

Staff had the right skills, knowledge and experience to meet people's needs. We reviewed the training matrix that showed staff were provided with and completed mandatory and specialist training.

Training provided helped to develop and maintain the staff's skills. New staff had to complete a period of induction and undertake the care certificate [a nationally recognised training programme]. Staff received regular supervision and an annual appraisal. These systems gave them the opportunity to reflect on their performance and to obtain advice and guidance about how to further improve their practice and support people using the service.

On the day of the Inspection, we observed staff had the skills and knowledge to meet people's individual needs. Staff we spoke with all told us that they received the training they needed to do their job well. Staff were also able to attend specific additional training if required including, training in how to manage behaviours that may challenge and autism.

We observed staff understood they had to promote people's human rights. Staff told us they asked people to consent to their care. This was done by verbal communication or through the use of body language. We saw staff understood each person's communication methods. We found staff gave people choices and supported them to make decisions for themselves.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff regularly weighed people and supported them to maintain a healthy balanced diet. Staff were aware of people's dietary requirements, if they had any food allergies and if there were risks associated with eating. For example, by choking and how this was being mitigated. Staff liaised with health and social care professionals to ensure effective care and support was provided to people. Staff supported people to have annual reviews with their social care team and provided regular feedback reports to people's allocated social workers.

A relative we spoke with said, "The food is always good, staff monitor weight and ensure any medical help is obtained if required."

The adaptation and design of the building met the needs of the people who used the service. The registered provider was making improvements at the time of our inspection. A new patio area was being completed and the garden had been cleared to provide a safe outdoor space for people to be able to access.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity

Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were aware of their responsibilities under this legislation. Staff gave examples of how people's best interests were taken into account if the person lacked capacity to make a decision. Records sampled demonstrated that where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files.

Good

# Is the service caring?

## Our findings

All people who used the service told us the staff were kind and caring. One person said, "The Staff are good." Another person said, "I like it here."

Relatives we spoke with praised the staff. They told us they were very kind and considerate. One relative said, "The caring staff have made a difference to [relative] they are a different person, much happier."

During our inspection we observed the atmosphere was calm, pleasant and inclusive. People were relaxed and very much at ease in the company of all staff. People sat and talked with us, telling us about their experiences of living at Beech Cliffe. One person said, "I really like it here."

We observed staff responding promptly to people's requests for assistance and regularly approaching people to check whether they were happy and comfortable and whether there was any assistance they required. Staff were aware of what made people happy and we observed people smiling when interacting with staff. Staff were aware of what may upset people and provided emotional support when required.

The Staff we spoke with knew people that they were supporting very well and had developed good positive relationships. Staff were polite and courteous to people they supported and we saw they picked up on people's needs quickly and responded promptly. For example, staff knew when one person was not comfortable in the room and took them to another area of the home. We observed staff treated people with dignity and respect during the Inspection.

We observed people looked clean and well cared for. Some people showed us their bedrooms and we saw these were personalised and well furnished. All were clean and tidy and reflected people's personalities.

We were told that everyone living at Beech Cliffe had relatives, friends or a designated representative to represent them, but that advocacy services were available to anyone if they required them. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. The registered manager was aware of the need to seek advocacy when required.

Staff supported people to explore their preferences and supported their individual needs. This included their religion, culture and developing and maintaining relationships. Staff supported people to practice their faith and to undertake any traditions related to their culture. People were encouraged to maintain relationships with friends and family members. Staff regularly communicated with people's family members and always welcomed relatives to visit the service. Staff accompanied people and supported them to travel to their relative's homes so they could continue to visit them.

Although at the time of the inspection people who lived at Beech Cliffe were healthy, the staff had included people's wishes, in regard to if they became ill or were admitted to hospital. People also had information documented of how to meet the person needs if they were admitted into hospital.

Good

# Is the service responsive?

## Our findings

All people we spoke with all told us they were very happy with the care and support provided.

We found each person had a care file which contained information about them and their care needs. The care files we sampled contained needs assessments which had been carried out before people were admitted to the home Care plans and risk assessments had been completed. However, the care files were very difficult to follow, had some information duplicated and were not person centred.

We discussed this with the registered providers who acknowledged the care files were large and could be difficult to follow if you were unfamiliar with them. They agreed to review the care files and ensure new files were developed with the involvement of the people they supported so they were person centred including people's choices, preference s and decisions.

The daily records and visit records were all up to date .These records showed the registered manager worked responsively with external professionals, such as learning disability nurses, occupational therapists and dieticians. We saw the professional visit record was updated following any input form health care professionals.

Information on how to complain was made clear to people and their relatives. There was a complaints' policy which was given to each person and their relatives when their care package commenced. A record of complaints received had been maintained with outcomes. People we spoke with all told us if they had any concerns they would raise them with staff. Relatives we spoke with told us the registered providers listened and when they have raised concerns they had been very responsive.

We saw people took part in varied meaningful activities. Staff supported people to engage in a wide range of activities and to try new things. We saw people had a busy weekly programme of activities which including regular scheduled activities as well as ad hoc sessions where people choose what they wanted to do during those times. We saw the activities included those relating to daily living skills, such as food shopping, as well as physical exercise, leisure activities and sessions to support their health.

Relatives we spoke with told us the activities provided were very good. One relative said, "My [relative] has taken part in activities every day, they go swimming, horse riding and many more. They love it."

There were no restrictions on visitors. A staff member that we spoke with all confirmed that there were not any restrictions on visiting times. They told us that friends and family members were encouraged to visit, and they said they also supported people to visit family in their own homes.

Good

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a structured team in place to support the registered manager. This included a head of care, senior care workers and care workers. Each member of staff we spoke with was clear about their role and the roles of the other staff employed at the home.

An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development.

The registered manager and registered provider were aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) and they sent notifications to us in a timely way, therefore fulfilling the requirement to notify us of accidents/incidents and safeguarding concerns.

We found systems were in place for managing safeguarding concerns and incidents and accidents. Effective systems to monitor and improve the quality of the service provided were in place. We saw copies of reports produced by the registered manager. Any issues identified were recorded on an action plan and were actioned. The issues we saw during our inspection had already been identified by the registered manager and the registered provider and action was being taken.

The registered provider actively sought the views of people who used the service and their relatives. This was done in a number of ways such as daily interactions with people, meetings and questionnaires. People's feedback was taken into account to improve the quality of the service.